

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90444 023 ***150.00

DOCUMENT # P98000041906

1. Entity Name

CHERYL A. DECKER-MUISE AND ASSOCIATES, CO.



Principal Place of Business

1390 SOUTH DIXIE HWY
SUITE 1304
CORAL GABLES FL 33146-2944

Mailing Address

1390 SOUTH DIXIE HWY
SUITE 1304
CORAL GABLES FL 33146-2944



2. Principal Place of Business

15715 S. Dixie Hwy
Suite Apt. #, etc.
Suite 221

3. Mailing Address

7860 SW 170th
Suite Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33157

Country

DADE

Zip

33157

Country

DADE

1st MOORE

CR2E034 (10/05)

4. FEI Number

65-1011707

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DECKER-MUISE, CHERLY A
1390 SOUTH DIXIE HWY
SUITE 1304
CORAL GABLES FL 33146-2944

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME DECKER-MUISE, CHERYL A
STREET ADDRESS 1390 SOUTH DIXIE HWY STE 1304
CITY-ST-ZIP CORAL-GABLES FL 33146-2944

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/06 305 6682261
Date Daytime Phone #